

Monday—we have a lot to do in that 2¾ week session. Therefore, we will have to be pushing hard on Tuesday, Wednesday, Thursday, and Friday of that week.

#### DARFUR

Mr. FRIST. Mr. President, I mentioned last night the importance of this African Growth and Opportunity Act which we passed last night. In my comments, I also mentioned a restatement of my earlier comments in the day, a restatement of what has been said again and again on the floor. That is that we as a country and we as a world community need to focus attention on the Darfur region of Africa, of the Sudan in Africa.

Africa is a huge continent and a lot of people do not realize how big Sudan is. It is huge. When we say Darfur region, the Darfur region is the western part of the Sudan. If you look at the continent, it is almost in the middle of the continent of Africa. The Darfur region is huge. It is about the size of Texas.

Over the last year and a half, because it started as a civil war, militias fighting, government supporting the militias there, we have 2 million people in this region of Darfur, the size of Texas, who have been affected, 1.2 million people displaced, driven away from their homes, driven away from the land they might farm or, if they are herders, that they might herd animals on, families destroyed. A lot of people are fleeing west to, Chad, 30 or 40 kilometers away, to refugee camps. There are about a million displaced inside the Darfur region but away from their homes, away, many times, from their families and any chance of livelihood.

The rainy season has begun there. It began a few weeks ago and will continue. As the rainy season continues, conditions get worse and worse. Roads at that point cannot be traversed so we cannot get enough food going in. There is very little in the way of health supplies going in. We need to bring attention to that part of the world. The world needs to shine a spotlight on it.

I was delighted Secretary Powell announced yesterday he will be going to that part of the world. I understand Secretary General Kofi Annan also will be going to that part of the world, to bring increased attention on behalf of the Congress, with 200,000 people dead from what is happening there. They are dying.

Statistically, they are dying from disease: respiratory disease, water-borne disease, diarrheal disease, malaria, and a little bit of measles. Now, with the fighting, it may well be that the No. 1 cause of death there is the actual fighting.

Right now we are not able to get in sufficient aid. Aid and support is being restricted by the government in Khartoum. There is plenty of aid. The world community is ready to go in there, but right now there is a restriction by the government.

I am going to keep mentioning this issue on the floor at every opportunity because we have a chance to reverse this travesty. We are going to do that. Every opportunity we have as public officials, in interacting with the international community, we need to continue to put pressure on the government of Khartoum to recognize the travesty, the devastation that is going on in that country.

Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. DASCHLE. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

The Democratic leader is recognized.

#### ARE AMERICANS BETTER OFF WITH REGARD TO HEALTH CARE?

Mr. DASCHLE. Mr. President, on a recent visit to South Dakota, I met a couple that impressed me a great deal. Their names are Lowell and Pauline Larson.

Throughout their life together, Lowell and Pauline farmed 160 acres just outside of Chester, SD. After a lifetime of hard work, they were looking forward to a well-earned retirement together.

But 2 years ago, Pauline suffered a stroke. Before the Larsons knew it, they had incurred \$40,000 in medical bills. Even though they had insurance, it only covered \$75 a day of Pauline's hospital costs. So Lowell did the only thing he could. He sold all his farm equipment and his cattle to pay the bills.

All they are left with is the deed to their farm, and if Pauline suffers another stroke, or if the MS she has been battling for the past 15 years gets worse, the Larsons know they may have to sell their farm.

I wish I could say that the Larsons' story came as a surprise to me, but it did not.

For the past 4 years, stories like the Larsons' have become commonplace. I've heard from businesses that have been forced to cut back on benefits or lay off workers in order to pay for escalating insurance premiums.

I have heard from retirees who have seen their life savings evaporate due to the skyrocketing cost of prescription drugs.

I have heard from families forced to sell the businesses or farms that have sustained their families for generations, because a child got sick and insurance just wouldn't pay for it.

I have heard from veterans who have been forced off the rolls of the VA and have nowhere else to turn for care.

I have heard from Native Americans forced to undergo a literal "life or limb" test to receive care at Indian Health Service facilities.

I have heard from National Guard members who face losing their health coverage once their Iraq deployment ends. And I have heard from citizens from all walks of life who can't afford the high cost of insurance, and who live in constant fear that an illness or an injury could throw them and their families into bankruptcy.

It's no mystery what is happening. Americans are being caught in the undertow of historic increases in the cost of health care.

Millions have lost their insurance. Tens of millions more know that they are just one layoff, or one illness, away from a life of poverty and poor health.

In this election year, as with every election year, Americans are asking themselves, "Am I better off than I was 4 years ago?"

With the cost of doctors' visits, prescription drugs, and monthly insurance premiums moving farther out of reach, the answer for most of us is clearly no.

America is enduring a health care crisis that is deepening with each passing month. And after four years of inattention from the White House, it is clear that when it comes to health care, as a nation, we are significantly worse off than we were just four years ago.

The scope of this crisis is staggering.

Since 2001, the amount workers are paying for their family coverage has increased by 50 percent, and the average premium for family health care is now above \$9,000 per year. Prescription drug costs rose at four times the rate of inflation last year alone.

Both businesses and workers are feeling the squeeze. And, as a result, we have seen unprecedented increases in the number of uninsured.

Each month since January 2001, an average of 100,000 Americans have lost their health insurance. Today, 44 million Americans have no health insurance whatsoever. The problem is even worse among minority communities. One in six Asian and Pacific Americans lacks insurance. For African Americans, it is one in five. For Latino Americans, it is one in three.

As startling as these numbers are, they do not include the tens of millions more who shuttle on and off the insurance rolls depending on unpredictable work schedules.

Nearly 82 million people lacked insurance at some point in the last 2 years.

The impact of losing health insurance can be catastrophic—for uninsured individuals, for families, and for our Nation as a whole. According to the National Institute of Medicine, children and adults without health insurance are less likely to receive preventive care and early diagnosis of illnesses. They live sicker and die younger than those with insurance.

Eighteen thousand Americans die prematurely each year because they lack health insurance.

Families suffer emotionally and financially when even one member is uninsured. Communities suffer as the cost